

THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF AGRICULTURAL RESOURCES  
251 CAUSEWAY STREET, SUITE 500  
BOSTON, MASSACHUSETTS 02114-2151

MASSACHUSETTS THOROUGHBRED BREEDING PROGRAM  
APPLICATION FOR MASSACHUSETTS THOROUGHBRED FOAL REGISTRATION

BREEDER: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(name) (Street, PO Box number)

\_\_\_\_\_  
(City, Town) (State) (Zip) (Telephone)

FOAL'S SEX: \_\_\_\_\_ COLOR \_\_\_\_\_ Date of Foaling \_\_\_\_\_  
(Month, Day, Year)

FOAL'S NAME (An approved by Jockey Club): \_\_\_\_\_ JC Reg# \_\_\_\_\_

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_

LOCATION OF FOALING: TO BE COMPLETED AND SIGNED BY FOALING FARM OWNER  
FOALING FARM: \_\_\_\_\_

(Farm Name) (Farm Owner's Name)

\_\_\_\_\_  
(Address) (City or Town) (Zip)

I hereby certify, under the pains and penalties of perjury, that the mare

\_\_\_\_\_ foaled a \_\_\_\_\_ on \_\_\_\_\_  
(Dam's Name) (sex) (Month, Day, Year)

At the above location.

X \_\_\_\_\_  
Signature of Foaling Farm Owner or Mgr. Date signed Farm Telephone

REGISTRATION ELIGIBILITY AND APPLICANT'S CERTIFICATE

Did the dam reside in Massachusetts continuously from October 15, of the year prior to foaling, until foaling? Yes \_\_\_ No \_\_\_. If "Yes", complete Section A. If "No", complete Section B.

SECTION A

TO BE COMPLETED BY BREEDER -- List all locations where dam was stabled from October 15, of the year prior to foaling, until foaling.

Dates Name of Farm and Address

Dates Name of Farm and Address

Dates Name of Farm and Address

PLEASE COMPLETE REVERSE SIDE OF FORM (OVER)

APPLICATION FOR REGISTRATION OF MASSACHUSETTS-BRED FOAL (Page2) Fee- \$50.00  
SECTION B

TO BE COMPLETED BY MASSACHUSETTS STALLION OWNER OR MANAGER IF DAM NAMED  
HEREIN WAS BRED BACK TO A REGISTERED MASSACHUSETTS STALLION IN THE SAME  
BREEDING SEASON SHE FOALD IN MASSACHUSETTS.

NAME OF STALLION: \_\_\_\_\_ DATES OF COVER \_\_\_\_\_  
(1<sup>st</sup>, last month, year)

LOCATION OF COVER: \_\_\_\_\_  
(Name of Farm) Farm Owner's Name

I hereby certify, under the pains and penalties of perjury, that the above named stallion covered the mare  
named \_\_\_\_\_ on above dates at the above farm.

X \_\_\_\_\_  
(Signature of Stallion Owner or Farm Manager) (Date Signed) ( Farm Telephone)

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APPLICANT'S CERTIFICATE

I hereby certify, under the pains and penalties of perjury, that the information contained herein is  
accurate to the best of my belief and knowledge.

X \_\_\_\_\_  
(Applicant's signature) (SS or Fed. ID No (Date Signed)

Applicant is \_\_\_\_\_ Breeder \_\_\_\_\_ Owner \_\_\_\_\_ Lessee of the foal registered. If applicant is Owner or Lessee,  
Provide name and address below.

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This application must be accompanied with a foal registration fee of fifty dollars (50.00) in Money Order  
or Certified Check, payable to COMMONWEALTH OF MASSACHUSETTS.

Pursuant to M. G. L. Chapter 62C, Section 49A, I certify under penalties of perjury that I, to my  
best belief and knowledge, have filed all State tax returns, and paid all State taxes required  
under law.

X \_\_\_\_\_  
Signature Social Security Number (required)

For Office Use Only:

Mass. Reg. Number \_\_\_\_\_  
Issued \_\_\_\_\_ 20 \_\_\_\_\_  
By \_\_\_\_\_

Mail To: Massachusetts Thoroughbred Program  
Mass. Dept of Agriculture Resources  
Division of Animal Health  
Biosecurity & Dairy Services  
251 Causeway Street, Suite 500  
Boston, MA 02114-2151

Telephone: 617-626-1792  
Fax : 617-626-1850